



John Rooney
Superintendent of Recreation

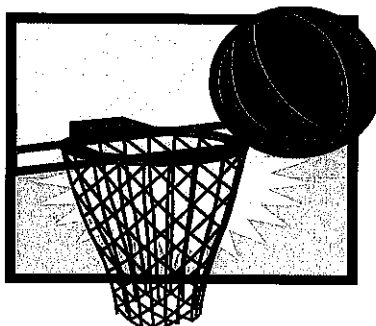
TOWN OF EAST HAMPTON

159 Pantigo Road
East Hampton, New York 11937
Office: (631)324-2417
Fax: (631)324-3085

2022 JV, Varsity and Men's Basketball

When:	Tuesdays & Wednesdays
Time:	Tuesdays 5:30pm-8:45pm, Wednesdays 7pm-8:45pm
Who:	JV, Varsity & Men's
Where:	Playhouse
Fee:	Free
Register:	On line @ ehamptonny.gov

www.ehamptonny.gov



Town of East Hampton

Waiver of Liability

PLEASE FILL IN ALL INFORMATION BELOW

As parent/guardian for _____
(names(s) of child/children enrolling)

I hereby grant permission for his/her participation in the "EAST HAMPTON Program" sponsored and administered by the TOWN OF EAST HAMPTON.

In doing so, I understand that physical activities such as these sometimes result in accidents despite the best efforts of the organizer to supervise the participants. I accept any medical bills resulting from such an accident as solely my responsibility.

Further, in permitting my child's/children's participation, I agree to hold the TOWN OF EAST HAMPTON, its employees, volunteers assisting with the program as well as its elected and appointed officials, harmless from liability, resulting from, my child's/children's participation in the program.

Name(s) of child/children:

Sex: _____ Male _____ Female	Sex: _____ Male _____ Female	Sex: _____ Male _____ Female	Sex: _____ Male _____ Female
Grade: _____	Grade: _____	Grade: _____	Grade: _____
Age: _____	Age: _____	Age: _____	Age: _____

Address: _____ Program: _____

Telephone #: _____ Cell Phone: _____

Child's/Children's School: _____ Parent's E-mail: _____

Date: _____ Parent/Guardian Signature: _____

Parent/Guardian Name PRINTED: _____

TOWN OF EAST HAMPTON, Waiver of Liability

NAME

I have read and will abide by the **PROTOCOLS FOR YOGA PARTICIPANTS** listed above, in response to COVID-19 precautions.

I am participating in the TOWN OF EAST HAMPTON'S Open Level Yoga class, a program sponsored and administered by the TOWN OF EAST HAMPTON.

In doing so, I understand that physical activities such as these sometimes result in accidents despite the best efforts of the organizer to supervise the participants. I accept any medical bills resulting from such an accident as solely my responsibility.

Further, in participating in this program, I agree to hold the TOWN OF EAST HAMPTON, its employees, volunteers assisting with the program, as well as its elected and appointed officials, harmless from liability resulting from my participation in this program.

SEX: ☐ MALE
☐ FEMALE

ADDRESS: _____

TELEPHONE #: () _____

E-MAIL ADDRESS: _____

DATE: / /

SIGNATURE: _____